

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes.

 X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. 94-36
Supersedes
TN No. 92-01

Approval Date 5-18-95

Effective Date 1-1-95

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

☒ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

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STATE North Carolina

Agency* Citation(s)

Groups Covered

1902(a)(10)(A)
(ii)(IX) and
1902(1) of the
Act, P.L.
99-509
(Sections
9401(a) and (b))

x 13.

The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount up to 100 percent of the Federal poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and infant or child and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

(a) Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age (effective April 1, 1987):

Section 4101(b)
of P.L. 100-203

x

(b) Children born after September 30, 1983, and who have attained one year of age but have not attained:

Section 4101(c)(2)
of P.L. 100-203

 two years of age

 three years of age

 four years of age

 five years of age

 six years of age

 seven years of age

 eight years of age

x 19 years of age

Infants and children covered under items 13(a) through (b) above who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

*Agency that determines eligibility for coverage.

TN No. 91-28

Replaces

No. 89-15

Approval Date 8/28/91

Effective Date 7-1-91

Agency* Citation(s)

Groups Covered

The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986.

☒ Yes.

☐ Not applicable. The State does not provide coverage of this optional categorically needy group.

1902(a)
(10)(A)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act,
P.L. 99-509
(Section
9402(a) and
(b))

14. In addition to individuals covered under item B.13, individuals--

(a) Who are 65 years of age or older or are disabled--

As determined under section 1614(a)(3) of the Act; or

As determined under more restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment.

(b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

(c) Whose resources do not exceed the maximum amount allowed--

Under SSI;

Under the State's more restrictive financial criteria; or

Under the State's medically needy program as specified in ATTACHMENT 2.6-A.

*Agency that determines eligibility for coverage.

TN No. 67-18
Supersedes
TN No. 37-5

Approval Date 1/5/88

Effective Date 10/1/87

Revision: HCFA-PM-87-4
MARCH 1987

(BERC)

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Agency*	Citation(s)	Groups Covered
	1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	<input checked="" type="checkbox"/> 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under <u>ATTACHMENT 2.6-A</u> who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.
		C. <u>Optional Coverage of the Medically Needy</u>
	435.301	This plan includes the medically needy. <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. This plan covers: 1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 67-18
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TN No. 87-5

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|---|-----|---|
| — | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (9) | Individuals in additional classifications approved by the Secretary as follows: |

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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

☐ Yes

☐ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.231 ☒
1902(a)(10)
(A)(ii)(V)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☒ The State covers all individuals as described above.

☒ The State covers only the following group or groups of individuals:

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☐ Aged
☐ Blind
☐ Disabled
☐ Individuals under the age of--
 ☐ 21
 ☐ 20
 ☐ 19
 ☐ 18
☐ Caretaker relatives
☐ Pregnant women

TN No. 92-01

Supersedes

TN No. 91-42

Approval Date 10-21-92

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State: North Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

13

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an ^{medical} institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

14

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|--|-------------------------------------|--|
| 1902(a)
(10)(A)
(ii)(IX)
and 1902(1)(1)
(D) of the Act | <input checked="" type="checkbox"/> | 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size. |
|--|-------------------------------------|--|

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

☒ 7 years of age; or

☒ 8 years of age.

N/A -- A mandatory group.
See A.9.b.

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